FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See instru		Office use only				
NAME OF COMMITTEE (in	full) (Check if name is changed)	e Example: If typying, type over the lines	12FE4M5				
Holding Onto	Oregon's Priorities						
ADDRESS (number and	PO Box 3314						
(Check if addr is changed)	ess Portland		OR 97208 _				
		CITY▲	STATE▲ ZIP CODE ▲				
COMMITTEE'S E-MA melissakardor			ı				
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
COMMITTEE'S WEB	PAGE ADDRESS (URL)						
1							
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COMMITTEE'S FAX N	I I I						
2. DATE 0.1							
3. FEC IDENTIFICA	ATION NUMBER	C C00392738					
4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)							
I certify that I have exam	ined this Statement and to the best of my	y knowledge and belief it is true, correc	and complete				
Type or Print Name of	Treasurer Ms. Melissa	Kardon					
Signature of Treasurer	Electronically Filed by Ms. Mo	elissa Kardon	Date 01 / D24 / YYYYY				
NOTE: Submission of fa	•	n may subject the person signing this S	tatement to the penalties of 2 U.S.C. S437g. D WITHIN 10 DAYS				
Office Use Only		For further information Federal Election Communication Toll Free 800-424-953	nission FEC FORM 1				

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5.	TYPE OF COMMITTEE (Check One)					
	(a) This committee is a principal campaign committee. (Complete the candidate information) This committee is an authorized committee, and is NOT a principal campaign committee information below.)					
Information below.) Name of Candidate						
	Candidate Office Party Affiliation Sought: House Senate	State President District				
	mittee.					
	Name of Candidate					
(d) This committee is a (National, State (or subordinate) committee of the Republican (e) This committee is a separate segregated fund (f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or parcommittee.						
6.	Name of Any Connected Organization or Affiliated Committee					
L						
L						
	Mailing Address					
CITY STATE ZIP						
	Relationship					
Type of Connected Organization:						
	Corporation Corporation w/o Capital Stock	Labor Organization				
	Membership Organization Trade Association	Cooperative				

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Write or Type Committee Name								
Holding Onto Oregon's Prior	ities							
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.							
Full Name Ms. Melissa	Kardon							
Mailing Address	2911 NE Hancock							
_	Portland	OR	97212					
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A					
Treasurer		Telephone number 503						
of Treasurer Ms. Melissa Mailing Address	2911 NE Hancock							
<u> </u>	Portland	OR	97212					
Title or Position ♥	CITY A	STATE▲	ZIP CODE A					
Treasurer		Telephone number 503	260 5110					
Full Name of Designated Agent								
Mailing Address								
Title or Position ♥	CITY A	STATE A						
			ZIP CODE A					

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9.	Banks or Other Depositor safety deposit boxes or mai	· · · · · · · · · · · · · · · · · · ·	counts, rents
	Name of Bank, Depository,	etc.	
	Ban	nk of America	
	Mailing Address	PO Box 53132	
		Phoenix AZ 8	85072

STATE ∠

 $\textbf{ZIP CODE} \quad \triangle$

CITY 🗷